

STATE OF SOUTH CAROLINA OFFICE OF THE SECRETARY OF STATE THE HONORABLE MARK HAMMOND

For Office Use Only	
Date Received	
Date Updated	

Change in Status and Duplicate Commission Request Form

Filing Fee: \$10.00

Please check the appropriate option(s) and complete the information as required. You will only need to complete the sections relevant to your change of information. **Please type or print in black or blue ink.**

The applicant is requesti	ng the following:	
[] Notary Public Na If requesting a na	_	provide the following information:
(please print) Chan	ged From:	Changed To:
Name (as commissioned)		
from the Secretary of Sta as issued on your common county's Clerk of Court destroy or deface any se	ite's Office, you ma ssion. <u>Please enrol</u> You will need a ne als bearing your old	our new notary public commission bearing your new namely officially begin notarizing documents in your new name a your new commission in your new name with your with your with your seal that reflects your name change. You also need to do name so they cannot be misused. The expiration of your eas it was prior to your name change.
Notary Public Addre If requesting a change to	_	ng, please complete the applicable portions:
[] Change of Home Addr	ess	
Old Home Addres	s:	New Home Address:
Street Address, Ci	ty, Zip Code	Street Address, City, Zip Code
Old Home County:		New Home County:
		Phone:
		Email:
[] Change of Mailing Add	lress	
Old Mailing Addre	ess:	New Mailing Address:
Street Address, C	ty, Zip Code	Street Address, City, Zip Code
		Phone:
		Email:

Address Changes: Following a change of address or contact information, the expiration date of your term as a notary public will remain the same. You are not required to make any changes to your seal. You will not receive a new commission when you make an address change unless you have also changed your name or requested a duplicate copy of your commission. If you have moved to a new county, you must enroll your commission with the Clerk of Court in that county.

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Duplicate Copies : You may request a duplicate copy of your commission at any time. If you have changed your name, you will receive a new commission and do not need to request a duplicate commission.					
Please pr	ovide your date o	f birth:			
Sworn to and subscribed before me			Print Name:		
This	day of	, 20	In the presence of a notary, please sign your nar		

as printed above.

Signature of Applicant

Notary Public of South Carolina

Printed Name

My Commission Expires

1 Dunlicate Conv of Notary Public Commission

*Please sign and print your name here exactly as commissioned. If you are filing a name change, please sign and print your new name. The signature and printed name must match. Your commission will be issued the way your new name is printed here.

Date

Filing Instructions

1. Return by mail or hand delivery to: Secretary of State

Attn: Notary Division

1205 Pendleton Street, Suite 525

Columbia, SC 29201

- 2. Please make checks payable to the South Carolina Secretary of State.
- 3. Include the \$10.00 filing fee. The total fee for this form is \$10.00, even if more than one option is selected.
- 4. S.C. Code of Laws §26-1-130 states a notary must notify the Secretary of State of any changes to the notary's legal name, address, or county within 45 days of the change(s) using a Change In Status Form as prescribed by the Secretary.
- 5. This form must be signed and notarized. You cannot notarize your own signature, but must have it notarized by another notary.
- 6. The Notary Public Division is open from 8:30 a.m. to 5:00 p.m., Monday through Friday, except on state holidays. To contact the Secretary of State's Notary Division, call (803) 734-2512 or email notary@sos.sc.gov.